Cancer, Stress, and Death

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Edited by Martin Lipkin, M.D., and Robert A. Good, Ph.D., M.D.

CANCER, STRESS, AND DEATH

Edited by Jean Taché, D. Sc., Hans Selye, C.C., M.D., Ph.D., D.Sc., and

Stacey B. Day, M.D., Ph.D., D.Sc.

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And I would say
I am no doctor
I am a physician
I am your pilot
Come to guide your ship home to its last dock.

—From the “Last Dock” by Stacey B. Day

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Foreword

When I delivered the keynote address at our joint 1977 symposium on Cancer, Stress, and Death in Montreal, I took great pride in announcing my unique qualification for this singular honor—I had survived a normally fatal cancer, a histiocytic reticulosarcoma that had developed under the skin of my thigh several years previously.

Faced with the physical and emotional realities of this situation, I refused to retreat from life in desperation. I immediately underwent surgery and cobalt therapy, but insisted on knowing my chances for a lasting recovery, which at that time seemed far from encouraging. Although I knew it would take tremendous self-discipline, I was determined to continue living and working without worrying about the outcome.

I suppressed any thoughts of my ostensibly imminent death, but rewrote my will, including in it several suggestions for the continuation of my work by my colleagues. Having taken care of that business, I promptly forced myself to disregard the whole calamity. I immersed myself in my work—and I survived! But, of course, this was not my only reason for my feelings of pride and accomplishment.

I have since succeeded in creating the International Institute of Stress, and one of its first major symposiums was specifically arranged to highlight the interrelation between stress, cancer, and death. The Memorial Sloan-Kettering Cancer Center added prestige to our venture by cosponsoring this event and ensuring the

participation of many leading experts, whose work on stress and cancer is well represented in this volume.

We know very little about the possible relationship between stress and cancer, but no one can ever doubt that stress enters into every kind of human activity and that it is responsible for many of today's diseases of adaptation. Indeed, under general stress, it is always the weakest link in the chain—the weakest part of the human mechanism—that breaks down first. There is no reason, therefore, to exclude stress from being a critical factor in the development of cancer, which in itself is also a major source of stress in these patients. I think it would not be very difficult to understand that a person who is about to die of cancer is under stress, at least in the original sense of the word—what we now prefer to call *distress*.

Several years ago, I personally did an experiment which amused me very much. I implanted chemically inert pyrex rings of a certain shape under the skin of some rats, and they produced a sarcoma in 100% of these animals. I still do not know how this came about, but I suspect the pyrex rings must have been highly irritating. Rather surprisingly, broken pieces of pyrex failed to duplicate this effect. We had to use pyrex rings of specific dimensions because any other shape was ineffective. This provides clear-cut evidence that local stress (discussed in Chapter 2) is carcinogenic only under certain conditions.

So the possibilities seem limitless, especially when one considers the relationship between stress, altered emotional states, and cancer. Perhaps, as Paul Rosch of New York has suggested, cancer might even be an attempt by the human organism to regenerate tissues and organs and even limbs, as lower animals are able to do spontaneously. Going further, one might say that "the ultimate health of the organism, like that of society, appears to depend on how well or appropriately its constituent units communicate with one another." As I said in my book *Stress without Distress*, "the indispensability of this disciplined, orderly mutual cooperation is best illustrated by its opposite—the development of a cancer, whose most characteristic feature is that it cares only for itself."

I believe that new findings in cancer research will eventually provide many answers to mankind's everyday psychosocial prob-

lems. I do know that my own experience with the disease helped me to develop a very satisfactory code of conduct, and it is my hope that the various contributions to this book will take us a little further toward a more coherent theory on cancer, one that will correlate the vast multitude of findings in the scientific literature on stress, cancer, and death.

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Preface

Oliver Wendell Holmes, speaking of the joy of life, remarked of Malebranche that if God held in one hand truth and in the other the pursuit of truth, the grand gentleman would say, "Lord, the truth is for Thee alone; give me the pursuit." It is the *pursuit* to its ulterior spiritual end—to death—that most thinking people, I believe, would turn, and it is to this end that the integrated views in this book are directed.

The ideas and concepts presented here originated with colleagues in intellectually diverse disciplines. The matters of which they speak and the research which they relate bridge a variety of fields of learning and should contribute to a broader and more sensitive understanding of cancer, stress, and death. Their ideas permit an elucidation and analysis of the consequences of those fields and of the different multicentric cultures that make up our rapidly shrinking world.

If we are not able to master the induction and process of ideas in these fields precisely (for the dimensions are too wide), our efforts at integration of interdisciplinary learning are at least beginning. There is more and more interest in and felicity for work in the *nonworld* of spaces that have existed between disciplines. Slowly such nonworld spaces, through the efforts of those few who are laboring in between disciplines, are closing. Note is being taken of their efforts to synthesize professional knowledge of what has been virtually left as a serious gap in the backdrop of our learning. This book presents evidence rather than testimony to those results

pioneered in new dimensions of both contributory and participatory education.

Interest generated by this colloquium should therefore emphasize discussions and ideas from papers contributed by those who have labored at what might appropriately be called the grass-roots level of the intellectual constructs of our society. Here, bridging gaps, cementing disciplines, and forging communions from these nonworlds, many talents have formed the concepts that are increasingly regarded as *interdisciplinary communications and learning*. These constructs, which are secured from the spaces of the nonworlds, form the new matrices of contemporary advances in scholarship and education.

Out of this testing work has come the thought-provoking areas of biosocial development, the sociological aspects of medicine inherent in such viewpoints as the patient-as-a-person, an understanding of interacting cultures, including science (for science is very much a culture), and important new syntheses and visions many of which are intrinsic in the observations on cancer, stress, and death presented here.

The Montreal colloquium was of value in encouraging and setting forth Malebranche's pursuit of truth in the will of the integrated philosophy just described. Perhaps Oliver Wendell Holmes himself might approve of the convening of tasks evident in studies of psychophysiology of stress, concepts of the brain as a self-regulating organ, the value and need of death education, and fascinating strengths beyond prospect, of cultural anthropology as an analytical instrument for evaluation of cultural transformations, sociological problems, and paradoxes and apparent incoherencies in the diversity of cultures within which all must live, and to which all must respond. Wise utilization and keen interpretation, using interdisciplinary analysis reasonably, promise a more sensitive appreciation of life forces that beget so many of our shared problems, including those of cancer, stress, and death.

This volume, and the themes it evokes, evolved from a cooperative, international, interdisciplinary, educational exchange that met under the sponsorship of the Sloan-Kettering Institute for Cancer Research (Biosciences Communication and Education), and the institute directed by Hans Selye, devoted to the research and

elucidation of stress—the International Institute of Stress in Montreal, Canada.

It is by such socially oriented health research programs that more accessible, more profoundly human, and more participatory public attention can be brought to bear in fields of health education that benefit society, and that are of critical concern to patients as well as to physicians.

Stacey B. Day

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